CITY OF HALLANDALE BEACH, HUMAN SERVICES DEPARTMENT 2016 SPRING CAMP OUICK REGISTRATION FORM

QUICK REGISTRATION FORM I. STUDENT INFORMATION STUDENT NAME _____ AGE ____ D.O.B.___ SEX RACE/ETHNICITY SS# SCHOOL ______ GRADE _____ TRACK_____ ADDRESS ____ STREET ADDRESS APT # CITY ZIP CODE PHONE (HOME) ______PHONE (MOBILE) _____PHONE (OTHER) _____ MOTHER/GUARDIAN _____ SS# ____ MOBILE PHONE_____ PLACE OF EMPLOYMENT _____ HOURS ____ PHONE ____ FATHER/GUARDIAN _____ SS#_____ MOBILE PHONE _____ PLACE OF EMPLOYMENT _____ HOURS ____ PHONE ____ MOTHER'S E-MAIL FATHER'S E-MAIL EMERGENCY CONTACT ______ RELATIONSHIP _____PHONE ____ II. LIST INDIVIDUAL(S) AUTHORIZED TO PICK UP CHILD: NAME AGE | RELATIONSHIP | PHONE ADDRESS I ACKNOWLEDGE BY MY SIGNATURE BELOW THAT I AGREE TO THE FOLLOWING: I give permission for my child to participate in the Spring Camp and all activities provided including; performances, field trips, and transportation from school to the Hepburn Center (if applicable). PARENT SIGNATURE______DATE _____ Social Worker verified a copy of student's Birth Certificate is in the file. Social Worker verified a copy of student's Social Security Card is in the file. Notes/Special Instructions:

HSD-YS-13 - EFF. 05//07 - Revised 4/30/08